

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD TO INFORM OF OPTIMAL PET BRUSHING CRITERIA AND PACKAGING USING THE SAME

the specification of which was filed on December 2, 2003, as Application No. 10/726,057.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

x no such foreign applications have been filed	
such foreign application have been filed as follows:	

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing (dd/mm/yyyy)	Priority Claimed Under 35 USC 119
			Yes No
			Yes No
			Yes No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Application Number	Country	Date of Filing (dd/mm/yyyy)

CLAIM FOR BENEFIT OF EARLIER U.S. PROVISIONAL APPLICATIONS

I hereby claim prio	rity benefits unde	r Title 35,	United States	Code §119(e)), of any United
States provisional p	patent application((s) listed b	elow:		

	\Box	no such	ZII	provisional	ann	lications	have	heen	filed
ı		no such	U.S.	provisional	app	nications	Have	Decii	mea.

x such U.S. provisional application have been filed as follow	$\begin{bmatrix} x \end{bmatrix}$	such U.S.	provisional	application	have been	filed as	s follows
---	-----------------------------------	-----------	-------------	-------------	-----------	----------	-----------

Application Number	Date of Filing (dd/mm/yyyy)	Priority Claimed Under 35 USC 119
60/430,109	December 2, 2002	x Yes No
		Yes No
		Yes No

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, §120 of the United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal

Regulations, §1.56 which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

x	no such U.S./PCT applications have been filed.
	such U.S./PCT application have been filed as follows:

Application Number	Date of Filing (dd/mm/yyyy)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

All practitioners at Customer Number 04743

all of MARSHALL, GERSTEIN & BORUN LLP, 233 S. Wacker Drive, Suite 6300, Sears Tower, Chicago, Illinois 60606-6357, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

Please mail all correspondence to James P. Zeller, whose address is:

MARSHALL, GERSTEIN & BORUN LLP

233 S. Wacker Drive, Suite 6300 Sears Tower Chicago, Illinois 60606-6357

Please direct telephone calls to: James P. Zeller at (312) 474-6603.

Please direct facsimiles to: (312) 474-0448

Full name of sole or first inventor	
Stephanie K. Schneider	
Sole or first inventor's signature Atphone K Achneidin	Date 3/24/04
Residence	
Medina, Ohio	
Citizenship USA	
Mailing Address	
1142 Willow Bend Drive Medina, Ohio 44256	
Full name of second inventor, if any	
Tracie Ho-Fatt	
Second inventor's signature	Date
Residence	
Unionville, Ontario	:
Citizenship USA	
Mailing Address 38 Greentree R Unionville, Onta	d.
38 aletine F	v A
UNIONVITE, UNTO	110
L3R3A9, CAI	NADA
Full name of third inventor, if any	
Third inventor's signature	Date .
Residence	
Citizenship	prosperition provided in the contract of the c
Mailing Address	
Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	I
Citizenship	
Mailing Address	
1	

Full name of sole or first inventor Stephanie K. Schneider	
Sole or first inventor's signature	Date
Residence	
Medina, Ohio	
Citizenship USA	
Mailing Address	
1142 Willow Bend Drive	
Medina, Ohio 44256	
Full name of second inventor, if any	
Tracie Ho-Fatt	
Second inventor's signature	March 28, 2004
Linionville,	Untario
Citizenship USA	
Mailing Address	toon Oal
38 Gre	eentree Rd. uille, Ontario BA9, CANADA
Union	ulle, Chiario
LSKS	SHY, CHORDI
	<u> </u>
Full name of third inventor, if any	
Third inventor's signature	Date
Residence	
residente	
Citizenship	
Mailing Address	
Full name of fourth inventor, if any	
Post Control Control	Date
Fourth inventor's signature	Date
Residence	
Citizenship	·
Mailing Address	